
State:	Arkansas	Filing Company:	Thrivent Financial for Lutherans
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.004 Partnership		
Product Name:	Long-Term Care Illustration (2012)		
Project Name/Number:	/		

Filing at a Glance

Company:	Thrivent Financial for Lutherans
Product Name:	Long-Term Care Illustration (2012)
State:	Arkansas
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.004 Partnership
Filing Type:	Advertisement
Date Submitted:	08/15/2012
SERFF Tr Num:	THRV-128641374
SERFF Status:	Closed-Approved
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	
Implementation	
Date Requested:	
Author(s):	Karen Guyette, Matt Holderness, Jane Larson
Reviewer(s):	Donna Lambert (primary)
Disposition Date:	08/15/2012
Disposition Status:	Approved
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** Thrivent Financial for Lutherans
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership
Product Name: Long-Term Care Illustration (2012)
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General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 08/15/2012
State Status Changed: 08/15/2012
Deemer Date: Created By: Karen Guyette
Submitted By: Karen Guyette Corresponding Filing Tracking Number:

Filing Description:

** Advertising for Long-Term Care Insurance Contract**

Included in this submission for your review and approval is the following new form which is an Invitation to Contract:

Form 27215, Thrivent Financial Long-Term Care Insurance Illustration

This illustration form will be used to illustrate our Long-Term Care Insurance Contract. It will be presented to the proposed insured at the point of sale.

Illustration form 27215 will be used in the marketing of Long-Term Care Insurance Contract, form H-HL-LTC (12), which was approved by your Department on 8/15/2012.

Company and Contact

Filing Contact Information

Karen Guyette, Compliance Specialist II karen.guyette@Thrivent.com
625 Fourth Ave. South 800-847-4836 [Phone] 37251 [Ext]
Minneapolis, MN 55415 612-340-5040 [FAX]

Filing Company Information

Thrivent Financial for Lutherans	CoCode: 56014	State of Domicile: Wisconsin
4321 North Ballard Road	Group Code: 2938	Company Type: Fraternal
Appleton, WI 54919-0001	Group Name:	State ID Number:
(800) 847-4836 ext. [Phone]	FEIN Number: 39-0123480	

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per advertisement
Per Company: No

State:Arkansas

Filing Company:Thrivent Financial for Lutherans

TOI/Sub-TOI:LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name:Long-Term Care Illustration (2012)

Project Name/Number: /

Company	Amount	Date Processed	Transaction #
Thrivent Financial for Lutherans	\$50.00	08/15/2012	61693877

SERFF Tracking #:	THRV-128641374	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	Thrivent Financial for Lutherans
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.004 Partnership		
Product Name:	Long-Term Care Illustration (2012)		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	08/15/2012	08/15/2012

SERFF Tracking #:	THRV-128641374	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	Thrivent Financial for Lutherans
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.004 Partnership		
Product Name:	Long-Term Care Illustration (2012)		
Project Name/Number:	/		

Disposition

Disposition Date: 08/15/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Statement of Variability	Approved	Yes
Form	Thrivent Financial Long-Term Care Insurance Illustration	Approved	Yes

State:	Arkansas	Filing Company:	Thrivent Financial for Lutherans
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.004 Partnership		
Product Name:	Long-Term Care Illustration (2012)		
Project Name/Number:	/		

Form Schedule

Lead Form Number: 27215							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved 08/15/2012	27215	ADV	Thrivent Financial Long-Term Care Insurance Illustration	Initial:		Illustration 27215.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Thrivent Financial[®]

Long-Term Care Insurance Illustration

Prepared for
John Doe & Joe Doe

Thrivent Financial for Lutherans is a faith-based membership organization called to improve the quality of life of its members, their families and their communities by providing comprehensive solutions that focus on financial security, wellness and caring for others.

Independent insurance rating agencies have consistently given Thrivent Financial for Lutherans high marks for our financial strength. These ratings do not apply to the investment performance of investment products.

A.M. Best	A++	(Superior; 1st of 16 categories)
Fitch	AA	(Very Strong; 3rd of 19 categories)

Bill Thrivent, FIC
625 4th Avenue South
Minneapolis, MN 55415
(612) 340-7000 Ext. 123456

September 12, 2012

Thrivent Financial for Lutherans
4321 N. Ballard Road
Appleton, WI 54919-0001

Long-Term Care Insurance Illustration

Prepared for **John Doe & Joe Doe**

John Doe
Male Age: **54**

Maximum Monthly Benefit: **\$2,500**
Benefit Multiplier: **60 months**
Available Benefit: **\$150,000**
Benefit Increase Option: **Annual Increase Benefit (AIB)**
5% Compound

Elimination Period: **30 day**
Risk Class: **Standard**
Contract Pay Type: **Lifetime Pay**
Monthly Premium: **\$320.04**
John Doe
Male Age: **54**

Maximum Monthly Benefit: **\$2,500**
Benefit Multiplier: **60 months**
Available Benefit: **\$150,000**
Benefit Increase Option: **Annual Increase Benefit (AIB)**
5% Compound

Elimination Period: **30 day**
Risk Class: **Standard**
Contract Pay Type: **Lifetime Pay**
Modal Premium: **\$320.04 (Monthly)**
Joe Doe
Male Age: **54**

Maximum Monthly Benefit: **\$2,500**
Benefit Multiplier: **60 months**
Available Benefit: **\$150,000**
Benefit Increase Option: **Annual Increase Benefit (AIB)**
5% Compound

Elimination Period: **30 day**
Risk Class: **Standard**
Contract Pay Type: **Lifetime Pay**
Modal Premium: **\$320.04 (Monthly)**

Additional Riders

None
Cash Benefit
Nonforfeiture Benefit
Restoration of Benefits
Return of Premium upon Death
Shared Care
Survivorship Benefit
Waiver of Elimination Period for Home Care and Adult Day Care

Initial Premium Summary

Base Contract: **\$3,329.40**
Optional Rider(s): **\$2,297.06**
Discounts: **(\$1,969.10)**
Total Annual Premium: **\$3,657.36**
\$3,329.40
\$2,297.06
(\$1,969.10)
\$3,657.36

Premium Mode Options

Annual: **\$3,657.36**
Semiannual: **\$1,883.52**
Quarterly: **\$958.23**
Monthly: **\$320.04**
\$3,657.36
\$1,883.52
\$958.23
\$320.04

Note: The annualized premium is greater than the annual premium because the annualized premium includes additional fees. If you elect to pay your premium more frequently than annual, a modal charge will apply. A modal charge is a fee charged when payments are made on a schedule other than annual.

Long-Term Care Insurance Illustration
Prepared for John Doe & Joe Doe

Thrivent Financial Long-Term Care Insurance is intended to be federally tax-qualified long-term care insurance as defined by Internal Revenue Code of 1986 §7702B(b). It provides an Available Benefit (referred to as a pool of money) to help pay for eligible long-term care services such as: home health care, homemaker services, special equipment, home modifications and facility care.

Features & Key Terms

The availability of features and riders may vary by state. In addition, they may not be available at certain ages or combinations.

Available Benefit: The total pool of money available during your lifetime to help pay for qualified long-term care expenses.

Benefit Increase Option: Benefit Increase Options are designed to help keep up with the rising cost of care. There are two types available: Annual Increase Benefit (AIB) and Flexible Increase Benefit (FIB).

Benefit Multiplier: A factor based on months of benefits that's used to calculate your Available Benefit. Available options are 24, 36, 60, 96 or 120 months.

Couples Discount: Your premium may be reduced:

- **By 35%,** if both of you apply for and are approved for coverage or one of you already has Thrivent Financial long-term care insurance.
- **By 15%,** if both of you apply for coverage and only one is approved, or if only one of you applies for coverage.

Discount will be validated prior to issue of the contract.

Elimination Period: This is the period during which you pay for long-term care costs before most insurance benefits begin. (Choose from 30, 90 or 180 days.)

Five Year Rate Guarantee: Your original premium is guaranteed to not increase for a period of five years from the date of issue. (If the FIB option is elected, your premium will increase based on the new coverage amount).

Maximum Monthly Benefit: The maximum monthly dollar amount of insurance benefits you will be eligible to receive each month. (Choose from \$1,500 to \$15,000; available in \$100 increments.)

Waiver of Premium: Waives your premiums once the elimination period is satisfied and you continue to be eligible for benefits.

Riders

(available for an additional cost)

Annual Increase Benefit: Each year, your Maximum Monthly Benefit and Available Benefit will increase. Your choices are:

- 3% compound
- 5% compound

Cash Benefit: Provides a separate pool of money to use in any way you choose, in amounts equal to:

- 15% of your Maximum Monthly Benefit while receiving home care services, **or**
- 10% of your Maximum Monthly Benefit while receiving facility care.

**You must meet the elimination period and receive at least 5 days of care per calendar month to receive the benefit. In certain circumstances, this benefit may be taxable.*

Flexible Increase Benefit: This allows your Maximum Monthly Benefit to automatically increase 5% annually. Each year you'll have the opportunity to decline the increase.

Long-Term Care Insurance Illustration
Prepared for John Doe & Joe Doe

Nonforfeiture Benefit: If, for any reason, you terminate your contract, benefits will continue as reduced paid-up insurance provided the contract has been in force for at least three years.

Restoration of Benefits: If, after 180 consecutive days or more, you no longer need care or are ineligible to receive long-term care insurance benefits, your total benefit amount will be restored.

Return of Premium upon Death: If you die, your estate will be paid a lump-sum amount, equal to paid premiums less benefits paid and accumulated dividends paid upon death.

Shared Care: Allows couples with identical Thrivent Long-Term Care Insurance to share long-term care benefits. If, for example, you exhaust all of your benefits, yet need additional care, you may access your partner's benefits. If one person uses all Available Benefits, the other can purchase a two-year benefit within 60 days, without underwriting. If you're both insured under the Shared Care Benefit and one of you is eligible to receive the base waiver of premium benefit, premiums for both of you will be waived.

Survivorship Benefit: If one of you dies after your contracts have been in-force for 10 years, the survivor will no longer have to pay premiums on his/her contract.

Waiver of Elimination Period for Home Care and Adult Day Care: Waives your elimination period when you are receiving home care or adult day care.

Long-Term Care Insurance Illustration
Prepared for [John Doe & Joe Doe]

Benefit and Premium Outlay Comparison

[John Doe]

Maximum Monthly Benefit: [\$2,500]

Benefit Multiplier: [60 months]

Available Benefit: [\$150,000]

Benefit Increase Option: [AIB - 5% Compound]

Elimination Period: [30 Day]

[Monthly] Premium: [\$320.04]

Additional Riders

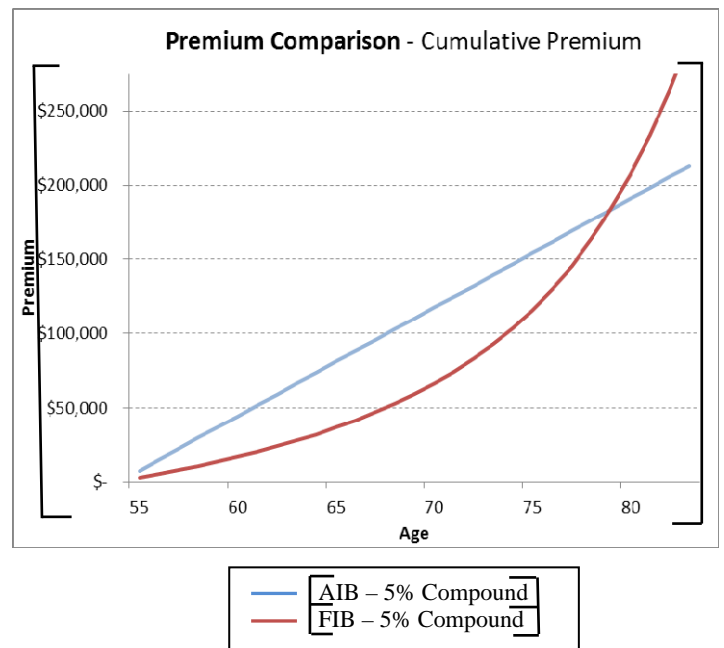
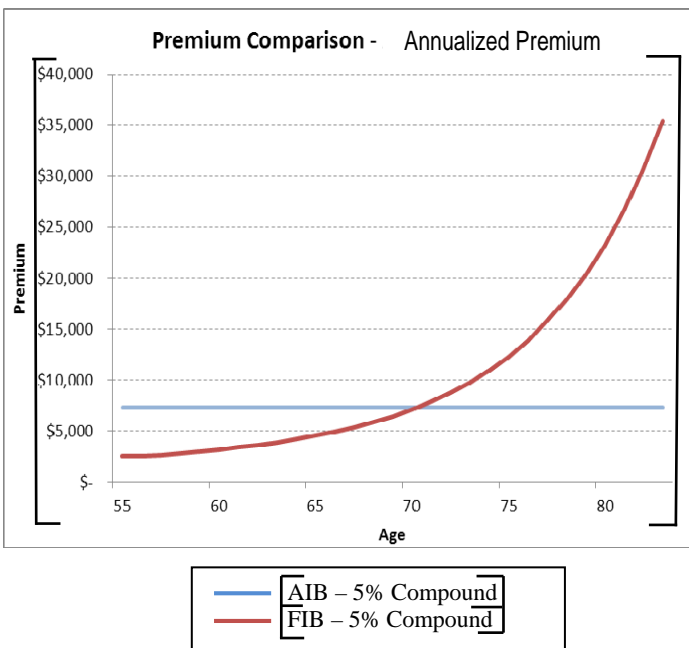
- None
- Cash Benefit
- Nonforfeiture Benefit
- Restoration of Benefits
- Return of Premium upon Death
- Shared Care
- Survivorship Benefit
- Waiver of Elimination Period for Home Care and Adult Day Care

The graphs and table below show comparisons between two Benefit Increase Options.

The graphs are intended to show how the annualized premiums compare (graph 1) and how the cumulative premiums (graph 2) compare between the Benefit Increase Options shown.

The table expands on the information illustrated in the graphs and also shows how the Maximum Monthly Benefit and Available Benefit compare in each scenario, as well as, the dividend.

[The Flexible Increase Benefit assumes that the increase is accepted each year, thus the annual premium is increasing.]



Long-Term Care Insurance Illustration
Prepared for [John Doe & Joe Doe]

-----[Annual Increase Benefit – 5% Compound]-----						-----[Flexible Increase Benefit – 5% Compound]-----				
	Maximum						Maximum			
Age	Annualized Premium	Dividend	Premium Outlay	Monthly Benefit	Available Benefit	Annualized Premium	Dividend	Premium Outlay	Monthly Benefit	Available Benefit
54	\$3,840.48	\$0.00	\$3,840.48	\$2500	\$150,000	\$1,179.96	\$0.00	\$1,179.96	\$2,500	\$150,000
55	3,840.48	0.00	3,840.48	2,625	157,500	1,241.28	0.00	1,241.28	2,625	157,500
56	3,840.48	0.00	3,840.48	2,757	165,375	1,310.40	0.00	1,310.40	2,757	165,375
57	3,840.48	0.00	3,840.48	2,895	173,644	1,387.68	0.00	1,387.68	2,895	173,644
58	3,840.48	0.00	3,840.48	3,039	182,326	1,474.56	0.00	1,474.56	3,039	182,326
59	3,840.48	115.21	3,725.27	3,191	191,443	1,570.92	12.57	1,558.35	3,191	191,443
60	3,840.48	153.62	3,686.86	3,351	201,015	1,678.20	25.17	1,653.03	3,351	201,015
61	3,840.48	153.62	3,686.86	3,518	211,066	1,800.60	27.01	1,773.59	3,518	211,066
62	3,840.48	153.62	3,686.86	3,694	221,619	1,935.96	29.04	1,906.92	3,694	221,619
63	3,840.48	230.43	3,610.05	3,879	232,700	2,091.96	56.48	2,035.48	3,879	232,700
64	3,840.48	230.43	3,610.05	4,073	244,335	2,266.44	63.46	2,202.98	4,073	244,335
65	3,840.48	268.83	3,571.65	4,276	256,551	2,465.40	83.82	2,381.58	4,276	256,551
66	3,840.48	307.24	3,533.24	4,490	269,379	2,694.84	102.40	2,592.44	4,490	269,379
67	3,840.48	384.05	3,456.43	4,715	282,848	2,957.40	150.83	2,806.57	4,715	282,848
68	3,840.48	460.86	3,379.62	4,950	296,990	3,260.76	189.12	3,071.64	4,950	296,990
69	3,840.48	537.67	3,302.81	5,198	311,840	3,611.04	227.50	3,383.54	5,198	311,840
70	3,840.48	652.88	3,187.60	5,458	327,431	4,023.72	317.87	3,705.85	5,458	327,432
71	3,840.48	729.69	3,110.79	5,731	343,803	4,505.76	378.48	4,127.28	5,731	343,803
72	3,840.48	844.91	2,995.57	6,017	360,993	5,060.88	445.36	4,615.52	6,017	360,993
73	3,840.48	921.72	2,918.76	6,318	379,043	5,710.08	571.01	5,139.07	6,318	379,043
74	3,840.48	1,036.93	2,803.55	6,634	397,995	6,464.12	666.83	5,807.29	6,634	397,995
75	3,840.48	1,152.14	2,688.34	6,965	417,895	7,360.44	868.53	6,491.91	6,965	417,895
76	3,840.48	1,228.95	2,611.53	7,314	438,790	8,404.56	1,101.00	7,303.56	7,314	438,790
77	3,840.48	1,344.17	2,496.31	7,679	460,729	9,628.92	1,232.50	8,396.42	7,679	460,729
78	3,840.48	1,459.38	2,381.10	8,063	483,765	11,052.00	1,580.44	9,471.56	8,063	483,765
79	3,840.48	1,574.60	2,265.88	8,466	507,954	12,723.12	2,022.98	10,700.14	8,466	507,954
80	3,840.48	1,689.81	2,150.67	8,890	533,351	14,682.72	2,143.68	12,539.04	8,890	533,351
81	3,840.48	1,843.43	1,997.05	9,334	560,019	17,037.48	2,760.07	14,277.41	9,334	560,019
82	3,840.48	1,997.05	1,843.43	9,801	588,020	19,814.52	3,586.43	16,228.09	9,801	588,020
83	3,840.48	1,997.05	1,843.43	10,291	617,421	23,068.08	3,529.42	19,538.66	10,291	617,421
84	3,840.48	1,997.05	1,843.43	10,805	648,292	26,844.60	4,321.98	22,522.62	10,805	648,292
85	3,840.48	1,997.05	1,843.43	11,346	680,706	31,172.76	5,424.06	25,748.70	11,346	680,706
86	3,840.48	1,997.05	1,843.43	11,913	714,742	31,172.76	5,798.13	25,374.63	11,346	680,706
87	3,840.48	1,997.05	1,843.43	12,508	750,479	31,172.76	6,078.69	25,094.07	11,346	680,706
88	3,840.48	1,997.05	1,843.43	13,134	788,003	31,172.76	6,608.63	24,564.13	11,346	680,706
89	3,840.48	1,997.05	1,843.43	13,791	827,403	31,172.76	7,076.22	24,096.54	11,346	680,706
90	3,840.48	1,997.05	1,843.43	14,480	868,773	31,172.76	7,419.12	23,753.64	11,346	680,706
91	3,840.48	1,997.05	1,843.43	15,204	912,212	31,172.76	7,762.02	23,410.74	11,346	680,706
92	3,840.48	1,997.05	1,843.43	15,964	957,822	31,172.76	8,260.78	22,911.98	11,346	680,706
93	3,840.48	1,997.05	1,843.43	16,762	1,005,713	31,172.76	8,697.20	22,475.56	11,346	680,706
94	3,840.48	1,997.05	1,843.43	17,600	1,055,999	31,172.76	9,133.62	22,039.14	11,346	680,706
95	3,840.48	1,997.05	1,843.43	18,480	1,108,799	31,172.76	9,601.21	21,571.55	11,346	680,706
96	3,840.48	1,997.05	1,843.43	19,404	1,164,239	31,172.76	10,162.32	21,010.44	11,346	680,706
97	3,840.48	1,997.05	1,843.43	20,375	1,222,451	31,172.76	10,661.08	20,511.68	11,346	680,706

Long-Term Care Insurance Illustration
Prepared for John Doe & Joe Doe

-----[Annual Increase Benefit – 5% Compound]-----						-----[Flexible Increase Benefit – 5% Compound]-----				
<u>Age</u>	<u>Annualized</u>		<u>Premium</u>	<u>Maximum</u>		<u>Annualized</u>	<u>Maximum</u>		<u>Premium</u>	<u>Available</u>
	<u>Premium</u>	<u>Dividend</u>		<u>Outlay</u>	<u>Benefit</u>		<u>Premium</u>	<u>Dividend</u>		<u>Benefit</u>
98	3,840.48	1,997.05	1,843.43	21,393	1,283,573	31,172.76	11,191.02	19,981.74	11,346	680,706
99	3840.48	1,997.05	1,843.43	22,463	1,347,752	31,172.76	11,720.96	19,451.80	11,346	680,706
100	3,840.48	1,997.05	1,843.43	23,586	1,415,139	31,172.76	12,188.55	18,984.21	11,346	680,706

[M] Indicates values are in millions of dollars.

Dividends are not guaranteed. The illustration is based on the current dividend scale, which is subject to change. Dividends will be used to reduce future premiums and will accumulate if premiums are not payable. Dividends paid may have tax consequences.

Long-Term Care Insurance Illustration

Prepared for **John Doe & Joe Doe**

Benefit Options Comparison

John Doe

Maximum Monthly Benefit: **\$2,500**

Benefit Multiplier: **60 months**

Available Benefit: **\$150,000**

Benefit Increase Option: **AIB – 5% Compound**

Elimination Period: **30 Day**

Monthly Premium: **\$320.04**

Additional Riders

- None
- Cash Benefit
- Nonforfeiture Benefit
- Restoration of Benefits
- Return of Premium upon Death
- Shared Care
- Survivorship Benefit
- Waiver of Elimination Period for Home Care and Adult Day Care

This chart shows how selecting different benefit options and optional riders would affect the modal premium. Premium differences illustrated below are based on changing a **single option** from the chosen benefit options and optional riders selected.

The premiums shown for the Flexible Increase Benefit are initial premiums, and do not reflect the increase in premium when a Flexible Increase Benefit is exercised.

Benefit Option	Change Benefit To	Monthly Premium	Amount of Change
Maximum Monthly Benefit	\$1,500 per month	\$192.01	(\$128.03)
	\$2,000 per month	\$256.00	(\$64.04)
	\$3,000 per month	\$384.03	\$63.99
	\$3,500 per month	\$448.03	\$127.99
Benefit Multiplier	24 months	\$193.41	(\$126.63)
	36 months	\$250.69	(\$69.35)
	60 months	\$	\$
	96 months	\$401.04	\$81.00
	120 months	\$423.89	\$103.85
Elimination Period	30 day	\$266.69	(\$53.35)
	90 day	\$	\$
	180 day	\$	\$
Benefit Increase Option	None	\$89.39	(\$230.65)
	FIB – 5% Compound	\$98.33	(\$221.71)
	AIB – 3% Compound	\$178.79	(\$141.25)
	AIB – 5% Compound	\$	\$
Additional Riders			
Cash Benefit	Exclude	\$289.74	(\$30.30)
Nonforfeiture Option	Exclude	\$304.89	(\$15.15)
Restoration of Benefits	Include	\$331.40	\$11.36
Return of Premium upon Death	Exclude	\$261.34	(\$58.70)
Shared Care	Include	\$	\$
Survivorship Benefit	Exclude	\$306.78	(\$13.26)
Waiver of Elimination Period for Home Care and Adult Day Care	Exclude	\$306.78	(\$13.26)

Long-Term Care Insurance Illustration

Prepared for **John Doe & Joe Doe**

Plan Options Comparison

John Doe

Maximum Monthly Benefit: **\$2,500**

Benefit Multiplier: **60 months**

Available Benefit: **\$150,000**

Benefit Increase Option: **AIB – 5% Compound**

Elimination Period: **30 Day**
Monthly Premium: **\$320.04**

Additional Riders

☐ None
☐ Cash Benefit
☐ Nonforfeiture Benefit
☐ Restoration of Benefits
☐ Return of Premium upon Death
☐ Shared Care
☐ Survivorship Benefit
☐ Waiver of Elimination Period for Home Care and Adult Day Care

This chart shows how the **monthly** premium would be affected by selecting different combinations of the Benefit Multiplier, Elimination Period, **FIB** or AIB (if selected). The premiums shown for the FIB section are initial premiums. Selecting the FIB will result in premium increases upon each benefit increase.

Benefit Multiplier						
	Elimination Period	24 months	36 months	60 months	96 months	120 months
No Increase	30 day	\$54.79	\$66.33	\$89.39	\$109.58	\$121.12
	90 day	\$45.65	\$55.27	\$74.50	\$91.30	\$100.92
	180 day*	NA	NA	NA	NA	NA
FIB – 5% Compound	30 day	\$60.27	\$72.94	\$98.33	\$120.53	\$133.23
	90 day	\$50.22	\$60.80	\$81.94	\$100.43	\$111.02
	180 day*	NA	NA	NA	NA	NA
AIB – 3% Compound	30 day	\$106.85	\$138.61	\$178.79	\$219.16	\$233.74
	90 day	\$89.03	\$115.51	\$148.99	\$182.62	\$194.79
	180 day*	NA	NA	NA	NA	NA
AIB – 5% Compound	30 day	\$193.41	\$250.69	\$320.04	\$401.04	\$423.89
	90 day	\$161.18	\$208.90	\$266.69	\$334.19	\$353.23
	180 day*	NA	NA	NA	NA	NA

* The 180 day Elimination Period is not available with the Waiver of Elimination Period for Home Care and Adult Day Care Rider.

* The 180 day Elimination Period is not available in your state.

Long-Term Care Insurance Illustration

Prepared for **John Doe & Joe Doe**

Cost of Waiting

John Doe

Maximum Monthly Benefit: **\$2,500**

Benefit Multiplier: **60 months**

Available Benefit: **\$150,000**

Benefit Increase Option: **AIB – 5% Compound**

Elimination Period: **30 Day**
Monthly Premium: **\$320.04**

Additional Riders

☐ None
☐ Cash Benefit
☐ Nonforfeiture Benefit
☐ Restoration of Benefits
☐ Return of Premium upon Death
☐ Shared Care
☐ Survivorship Benefit
☐ Waiver of Elimination Period for Home Care and Adult Day Care

This analysis shows an example of how much more you might pay if you delay your purchase of a long-term care insurance contract. This assumes that your health would not change the underwriting class shown on the summary page. The future premium is calculated on the Maximum Monthly Benefit you would have had, and includes increases in coverage due to the Annual Increase Benefit. The amounts below assume accepting the increase each year.

Purchase Age	Maximum Monthly Benefit	Initial Annualized Premium	Cumulative Premiums Paid To Age 85	Cost of Waiting
54	\$2,500	\$3,840	\$122,895	\$0
55	\$2,625	\$4,129	\$127,987	\$5,091
59	\$3,191	\$5,612	\$151,515	\$28,620
64	\$4,072	\$8,696	\$191,305	\$68,410

Why Should You Buy Long-Term Care Insurance Now?
Prepare for your future. Protect your dreams. Preserve your independence.

- Prepare today to pay for your potential future care needs
- Protect your family and your dreams
- Preserve your ability to make choices about your care
- If your health changes in the future, you may not qualify for coverage
- As you age, premium rates increase

Long-Term Care Insurance Illustration

Prepared for **John Doe & Joe Doe**

Break Even Analysis

John Doe

Maximum Monthly Benefit: **\$2,500**

Benefit Multiplier: **60 months**

Available Benefit: **\$150,000**

Benefit Increase Option: **AIB – 5% Compound**

Elimination Period: **30 Day**

Monthly Premium: **\$320.04**

Additional Riders

☐ None
☐ Cash Benefit
☐ Nonforfeiture Benefit
☐ Restoration of Benefits
☐ Return of Premium upon Death
☐ Shared Care
☐ Survivorship Benefit
☐ Waiver of Elimination Period for Home Care and Adult Day Care

This chart shows the cumulative premiums paid over a period of years, to illustrate the leveraged amount of coverage available with a long-term care insurance contract compared to self-insuring to pay potential long-term care costs. For illustration purposes, the Number of Months and Days of Care Received to Break Even are calculated by dividing the sum of premiums paid for the contract by the Maximum Monthly Benefit. (Assumes 30 days in a month.)

Number of Years Premiums are Paid	Cumulative Premium Outlay	Available Benefit	Maximum Monthly Benefit	Number of Months & Days of Care Received To Break Even
5	\$23,043	\$191,422	\$3,191	7 months & 7 days
10	\$42,245	\$244,334	\$4,072	10 months & 11 days
15	\$61,448	\$311,839	\$5,197	11 months & 25 days
20	\$80,650	\$397,995	\$6,633	12 months & 5 days
25	\$99,852	\$507,953	\$8,466	11 months & 24 days
30	\$119,055	\$648,291	\$10,805	11 months & 1 day
35	\$138,257	\$827,402	\$13,790	10 months & 1 day
40	\$157,460	\$1,055,998	\$17,600	8 months & 28 days
45	\$176,662	\$1,347,751	\$22,463	7 months & 26 days

Long-Term Care Insurance Illustration

Prepared for **John Doe & Joe Doe**

Payment Options Comparison

John Doe

Maximum Monthly Benefit: **\$2,500**

Benefit Multiplier: **60 months**

Available Benefit: **\$150,000**

Benefit Increase Option: **AIB – 5% Compound**

Elimination Period: **30 Day**

Monthly Premium: **\$320.04**

Contract Pay Type: **Lifetime Pay**

Additional Riders

☐ None
☐ Cash Benefit
☐ Nonforfeiture Benefit
☐ Restoration of Benefits
☐ Return of Premium upon Death
☐ Shared Care
☐ Survivorship Benefit
☐ Waiver of Elimination Period for Home Care and Adult Day Care

This chart shows how the cumulative premiums paid vary for the payment options available.

Number of Years	Lifetime Pay		10-Pay* <input type="checkbox"/>		Pay to Age 65* <input type="checkbox"/>	
	Cumulative Premiums Paid	Paid Up	Cumulative Premiums Paid	Paid Up	Cumulative Premiums Paid	Paid Up
After 1 yr	\$3,840	No	N/A	N/A	\$9,140	No
After 10 yrs	\$38,405	No	N/A	N/A	\$91,399	No
After 20 yrs	\$76,810	No	N/A	N/A	\$100,539	Yes
After 30 yrs	\$115,214	No	N/A	N/A	\$100,539	Yes

* Contract Pay Type is not available due to the issue age and/or selected rider.

Long-Term Care Insurance Illustration
Prepared for John Doe & Joe Doe**Important Notes**

Dividends are not guaranteed. The illustration is based on the current dividend scale, which is subject to change. Dividends will be used to reduce future premiums and will accumulate if premiums are not payable. Dividends paid may have tax consequences.

Premiums are not guaranteed to remain unchanged, except during the first five contract years. Any changes in premium rates will apply to all similar contracts issued in your state to contract owners in the same class on the same contract form. This means you cannot be singled out for an increase because of advancing age, changes in your health, claim status or any other reason solely related to you.

The contract is guaranteed renewable for life. It will terminate if you die, cancel the contract, the Available Benefit reaches zero, or you do not pay premiums as required. If a premium is not paid by the date it is due, the contract will remain in force during a grace period of 60 days. A notice will be given to you if a premium is not paid after 30 days. The contract will terminate 31 days after a notice is given if a premium is not paid. Notice will be deemed to have been given as of five days after the date we mail it.

This illustration is being provided based on the assumption that the applicant is insurable. The applicant is subject to full underwriting, which may require a medical exam, to determine insurability status and risk class. The offered risk class may differ from the illustrated assumption.

Exceptions: The product does not pay benefits for charges billed by a Doctor or charges for prescription drugs. In addition, this product does not cover services:

- 1) Outside of the United States, its territories and possessions, except as provided in Section 4.4 International Care Benefit.
- 2) Necessary due to an attempt at suicide, while sane or insane, or an intentionally self-inflicted injury.
- 3) Provided for the treatment of alcoholism or drug addiction.
- 4) Care or services provided by an Immediate Family Member unless:
 - a) He or she is a regular employee of a facility or agency that is providing the treatment, services or care;
 - b) The facility or agency receives the payment for the treatment, service or care and he or she receives no compensation other than the normal compensation for employees in his or her job category; and
 - c) He or she has no ownership or financial interest in the facility or agency providing the treatment, services or care.

An Immediate Family Member means your spouse or Partner and anyone who is related to you, your spouse or Partner by blood, adoption or marriage (including step-relatives) as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, nephew or niece.

As used in this provision, Partner means a state-recognized partner or a person who is in a committed relationship with you, has been living with you for at least three consecutive years and is committed to sharing expenses with you.

- 5) For which benefits are payable under any state or federal workers' compensation, employer's liability or occupational disease law.

Medicare Non-Duplication: The product does not pay benefits for expenses that are reimbursable under Medicare or would be reimbursable under Medicare but for the application of a deductible or coinsurance amount.

Coordination of LTC Coverage: If an expense covered under this product is also covered by other contracts or riders issued by us, the amount payable for that expense under this product will be reduced by the sum of the amounts that are paid for that expense under all other coverage issued by us before the date of issue of this product. Any such reduction will be applied before this product's Maximum Monthly Benefit is applied. For coverage that pays on a fixed indemnity basis, "amounts that are paid" means fixed amounts that we pay as a result of an expense being incurred.

Proofs of Loss: Proof of loss must be given to us at our Service Center. This should be done within 90 days after the loss occurs. Failure to give proof within 90 days will not affect the claim if proof is given as soon as is reasonably possible, but the proof must be given no later than one year from the time proof is otherwise required, unless you were legally incapacitated.

Long-Term Care Insurance Illustration
Prepared for John Doe & Joe Doe

Partnership Program: Thrivent Financial Long-Term Care Insurance may meet the requirements for participation in a Long-Term Care Insurance Partnership Program in some states. Under a Partnership Program, the contract holder may be able to protect some assets from Medicaid spend-down requirements through a feature known as “asset disregard.” Nothing in a long-term care insurance contract issued by a company is a guarantee of Medicaid eligibility, nor a guarantee of any ability to disregard assets for purposes of Medicaid eligibility. Please also note that states do not take part in company-specific marketing plans, and states do not endorse specific companies or company specific policy and certificate forms. If you have questions about the availability of this Program in your state, please contact the company or your state insurance department.

This is for illustration purposes only. It is not a contract.

Applies to contract form: H-HL-LTC (12). Rider form(s): HR-HC-CB (12), HR-HT-CAIB3 (12), HR-HV-CAIB5 (12), HR-HF-FIB (12), HR-HN-NF (12), HR-HR-RB (12), HR-HP-RP (12), HR-HS-SC (12), HR-HU-SU (12), HR-HE-WEP (12)
Customer Interaction Center: 1-800-THRIVENT (800-847-4836)

[MN]

SERFF Tracking #:	THRV-128641374	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	Thrivent Financial for Lutherans
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.004 Partnership		
Product Name:	Long-Term Care Illustration (2012)		
Project Name/Number:	/		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved	08/15/2012
Comments:			
Attachment(s):			
LTC Illustration SOV.pdf			

THRIVENT FINANCIAL FOR LUTHERANS

STATEMENT OF VARIABILITY

Thrivent Financial Long-Term Care Insurance Illustration, Form 27215

The following items have been bracketed to indicate that the information may be different in different illustrations or may be subject to change.

1. **Thrivent Financial for Lutherans' Logo** on the title page: Representative has the option to exclude the logo in order to print this page on their own letterhead.
2. **Prepared for** on title page is specific to each insured. Both insureds' names will be included when the rider of Shared Care is illustrated.
3. **A.M. Best** rating on title page may change. Other possible ratings are:
 - A+ (Superior; 2nd of 15 categories)
 - A (Excellent; 3rd of 15 categories)
 - A- (Excellent; 4th of 15 categories)
 - B++ (Good; 5th of 15 categories)
 - B+ (Good; 6th of 15 categories)
 - B (Fair; 7th of 15 categories)
 - B- (Fair; 8th of 15 categories)
 - C++ (Marginal; 9th of 15 categories)
 - C+ (Marginal; 10th of 15 categories)
 - C (Weak; 11th of 15 categories)
 - C- (Weak; 12th of 15 categories)
 - D (Poor; 13th of 15 categories)
 - E (Under Regulatory Supervision; 14th of 15 categories)
 - F (In Liquidation; 15th of 15 categories)**Fitch** rating on title page may change. Other possible ratings are:
 - AAA (Exceptionally strong; 1st of 9 categories)
 - A (Strong, 3rd of 9 categories)
 - BBB (Good, 4th of 9 categories)
 - BB (Moderately weak, 5th of 9 categories)
 - B (Weak, 6th of 9 categories)
 - CCC (Very weak, 7th of 9 categories)
 - CC (Extremely weak, 8th of 9 categories)
 - C (Distressed, 9th of 9 categories)
4. **Representative's name, address and phone number** on title page is specific to each insured.
5. **Thrivent's name and address** on title page is excluded when our logo is included at the top of the title page.
6. **Date** on title page is specific to each illustration.
7. Header and Footer on each page of the illustration excluded from the title page:
 - Above line on Header: **Page numbering** will change dependent on the number of pages. The **date and time** will change depending on when the illustration is created.
 - Below line on Header: **Prepared for** is specific to each insured or insureds.
 - Footer: **Prepared by** (Representative's name) and **Business Phone** (phone number) is specific to the insured(s). **Version** number will change when updates are made to the illustration.
8. **Summary of benefit/riders/premium** – There are two different summaries that could display on page 1 of the illustration. The first summary will display when the rider of Shared Care is not

selected. The second summary will display when Shared Care is selected. The summary that is included within the optional sections (page 4, 7, 8, 9, 10 and 11) will display on top of each optional section. The name within the summary of the optional sections is only included when Shared Care is selected to identify which insured the information is referencing. The name is excluded when Shared Care is not selected.

9. **Name Gender Age** on page 1 within the summary is specific to each insured(s).
10. **Maximum Monthly Benefit** on page 1 and within the optional sections summary is selected by the insured. Will range from \$1,500 - \$15,000 in \$100 increments. SD has a minimum of \$3,000.
11. **Benefit Multiplier** on page 1 and within the optional sections summary is selected by insured. Will be 24 months, 36 months, 60 months, 96 months or 120 months.
12. **Available Benefit** on page 1 and within the optional sections summary is a calculated amount. Maximum Monthly Benefit multiplied by the Benefit Multiplier.
13. **Benefit Increase Option:** Displays the benefit increase option selected. On page 1 it will display as: None, Annual Increase Benefit (AIB) 5% Compound, Annual Increase Benefit (AIB) 3% Compound or Flexible Increase Benefit 5% Compound. The summary within the optional sections will display as: AIB – 5% Compound, AIB – 3% Compound, FIB – 5% Compound or None.
14. **Elimination Period** on page 1 and within the optional sections summary is selected by insured. Will be 30 day, 90 day or 180 day. (The 180 day is not available when issue state is CT).
15. **Risk Class** on page 1 is selected by insured. The offered risk class may differ from the illustrated assumption. Will be: Preferred, Standard, Substandard 1 or Substandard 2.
16. **Contract Pay Type** on Page 1 and within the Payment Options Comparison summary is selected by the insured. Will be Lifetime Pay, 10-Pay or Pay to Age 65.
17. **Modal Premium** on Page 1 and within optional sections summary the insured selects the mode from Monthly, Quarterly, Annual or Semiannual. The modal premium is then displayed.
18. **Additional Riders** on page 1 and within the option sections' summary – will list out the selected riders. If no additional riders are selected, None is displayed. Riders that could be included are Cash Benefit, Nonforfeiture Benefit, Restoration of Benefits, Return of Premium upon Death, Shared Care, Survivorship Benefit, and Waiver of Elimination Period for Home Care and Adult Day Care.
19. **Initial Premium Summary** – provides a breakdown of the total annual premium for the insured(s). The amounts are the annual premium for the insured, with the selected rider and benefits. The word 'Initial' only displays when the rider Flexible Increase Benefit is selected. The first column of premiums is for the first insured and will always be included. The second column is the amounts for the second insured and are only included when Shared Care rider is selected.
20. **Premium Mode Options** – Displays the premium amounts for the different frequencies allowed. The amounts are for each mode for the insured, with the selected rider and benefits. The second column is the amounts for the second insured and are only included when Shared Care rider is selected.
21. **Feature & Key Terms:**
 - a. **Couples Discount** is included when the client qualifies for one of the discounts.
 - b. **Elimination Period:** If the issue state is not CT, 30, 90 or 180 will display. If issue state is CT, 30 or 90 will display.
 - c. **Maximum Monthly Benefit:** If issue state is not SD, the amount will be \$1,500. If the issue state is SD, the amount is \$3,000.
22. **Riders (available for an additional cost)** will be included when at least one rider is selected.
23. **Annual Increase Benefit** is included when the rider is selected.
24. **Cash Benefit** is included when the rider is selected.
25. **Flexible Increase Benefit** is included when the rider is selected.
26. **Nonforfeiture Benefit** is only included when this rider is selected.

27. **Restoration of Benefits** is included when the rider is selected.
28. **Return of Premium upon Death** is included when the rider is selected.
29. **Shared Care** is included when the rider is selected.
30. **Survivorship Benefit** is included when the rider is selected.
31. **Waiver of Elimination Period for Home Care and Adult Day Care** is included when the rider is selected.
32. **Benefit and Premium Outlay Comparison** (pages 4 – 6). This entire section is optional, the representative has the option to exclude the entire section. When an optional section is included and Shared Care is illustrated, two of the selected optional sections will be included, one for each insured (the section is identified by the name displayed in the summary). The representative will also have the option to illustrate a few different comparisons. The selected Benefit Increase Option can be compared with the unselected Benefit Increase Options (if Flexible Increase Benefit is the selected Benefit Increase Option, the representative has the option to compare with Flexible Increase Benefit the Annual Increase Benefit of 3% or 5% or with None. Thus, there could be 1 or 3 comparisons included within the illustration. When the section is included the following are variable:
- The last sentence in the introduction is included when Flexible Increase Benefit is included in the comparison.
 - The premiums and ages displayed within the graphs will vary and are specific of the insured.
 - The legends will vary dependent on what Benefit Increase Option is selected and requested to compare.
 - The selected Benefit Increase Option will display as the main header of the left column and the Benefit Increase Option being compared will be the header of the right column. The column headers will be Annual Increase Benefit – 3% Compound, Annual Increase Benefit – 5% Compound, Flexible Increase Benefit – 5% Compound, or No Benefit Increase Option.
 - The ages, premiums and values displayed within the section are the specific to the insured.
 - The footnote and symbol for the symbol **M** is only included when the Available Benefit is greater than 9,999,999. The symbol would appear in the year when Available Benefit is greater than 9,999,999 and the footnote message will appear under the values.
33. **Benefit Options Comparison** (page 7) This entire section is optional, the representative has the option to exclude the entire section. When an optional section is included and Shared Care is illustrated, two of the selected optional sections will be included, one for each insured (the section is identified by the name displayed in the summary). This section will have the following variables:
- The second paragraph is included when Flexible Increase Benefit rider is available, but is not the selected Benefit Increase Option. (Insured(s) must be less than 71, Contract Pay Type must be Lifetime pay and Restoration of Benefits was not selected).
 - The modal premium and amount of change for each section will be dependent on the insured and will display the modal premium for the change and how the premium amount would change.
 - Maximum Monthly Benefit:** Change Benefit To will display up to four different amounts. Will display up to two amounts less than the selected benefit and up to two amounts greater than the selected benefit. Will not display amounts less than the minimum or greater than the maximum.
 - Benefit Multiplier:** The selected benefit multiplier will be excluded from the chart.
 - Elimination Period:** The selected elimination period will be excluded from the chart.

- f. **Benefit Increase Option:** The selected benefit increase option will be excluded from the chart.
- g. **Additional Riders – Change Benefit To –** if the rider is selected we will display Exclude. If the rider is not selected and is available to be added, we will display Include.
- h. **Restoration of Benefits, Return of Premium upon Death, Shared Care, Survivorship Benefit, Waiver of Elimination Period for Home Care and Adult Day Care:** The rider will be excluded from the chart when the rider is not available to the insured. Riders can be excluded due to issue age or the selection of another rider and/or elimination period.

34. **Plan Options Comparison** (page 8) This entire section is optional, the representative has the option to exclude the entire section. When an optional section is included and Shared Care is illustrated, two of the selected optional sections will be included, one for each insured (the section is identified by the name displayed in the summary). This section will have the following variables:
- a. In the first sentence the premium mode is selected by the insured. Will be monthly, quarterly, annual, semiannual, or annual.
 - b. FIB is excluded in the first sentence if Flexible Increase Benefit is not available to the insured(s).
 - c. The last sentence is excluded when Flexible Increase Benefit is not available to the insured(s).
 - d. The amounts displayed within the chart will vary for each insured. N/A will display for the 180 day elimination period when that elimination period is not available.
 - e. The asterisk after 180 day and the footnote below the chart are included when the 180 elimination period is not available.
 - f. The entire section of FIB – 5% Compound is excluded when Flexible Increase Benefit is not available for the insured(s).
35. **Cost of Waiting** (page 9) This entire section is optional, the representative has the option to exclude the entire section. When an optional section is included and Shared Care is illustrated, two of the selected optional sections will be included, one for each insured (the section is identified by the name displayed in the summary). This section will have the following variables:
- a. The first bracketed sentence is included when the Benefit Increase Option is Annual Increase Benefit or Flexible Increase Benefit. The variable within the first sentence will display Annual Increase Benefit or Flexible Increase Benefit.
 - b. The last sentence is included if the Benefit Increase Option is Flexible Increase Benefit.
 - c. Within the chart: Initial Annualized Premium – Initial is included when Benefit Increase Option is Flexible Increase Benefit.
 - d. The ages and amounts displayed are for each insured and are based on issue age of the insured.
36. **Break Even Analysis** (page 10) This entire section is optional, the representative has the option to exclude the entire section. When an optional section is included and Shared Care is illustrated, two of the selected optional sections will be included, one for each insured (the section is identified by the name displayed in the summary). This section will have the following variables:
- a. The amounts and days displayed are specific to the insured and the benefits selected.
37. **Payment Options Comparison** (page 11) This entire section is optional, the representative has the option to exclude the entire section. When an optional section is included and Shared Care is illustrated, two of the selected optional sections will be included, one for each insured (the section is identified by the name displayed in the summary). This section will have the following variables:

- a. Within the summary on top, the Contract Pay Type is selected by the insured. Will display Lifetime Pay, 10-Pay or Pay to Age 65.
 - b. The asterisk by 10-Pay and Pay to Age 65 and the footnote of the asterisk will included if the contract pay type is not available.
 - c. The number of years that will display and the values within the columns are based on the premiums for the riders and benefits selected.
38. **Partnership Program** on page 13 is included if the issue state has a partnership program and the Thrivent partnership program has been approved in that state.
39. **Rider forms** on page 13 will display the form numbers for the corresponding rider and only the riders that are selected will be displayed.
40. **XX** on page 13 represents the issue state which is specific to each illustration.